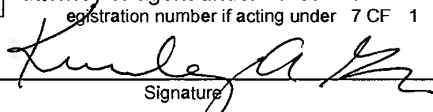


Under the paperwork reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

E F E E F E E CF a F <i>Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).</i>	Doc et Number (Optional) 070050.1942																								
Application Number 10/073463	Filed 02/11/2002																								
For																									
Art Unit 1631	Examiner DeJong																								
This is a re uest under the provisions of 7 CF 11 (a) to extend the period for filing a reply in the above identified application																									
The re uested extension and fee are as follows (chec time period desired and enter the appropriate fee below)																									
	<table border="0" style="width: 100%;"> <tr> <th style="width: 40%;"></th> <th style="width: 20%; text-align: center;"><u>Fee</u></th> <th style="width: 20%; text-align: center;"><u>Small Entity Fee</u></th> <th style="width: 20%;"></th> </tr> <tr> <td><input type="checkbox"/> One month (7 CF 117(a)(1))</td> <td style="text-align: center;">\$120</td> <td style="text-align: center;">\$ 0</td> <td style="text-align: center;">\$ _____</td> </tr> <tr> <td><input type="checkbox"/> Two months (7 CF 117(a)(2))</td> <td style="text-align: center;">\$ 0</td> <td style="text-align: center;">\$2 0</td> <td style="text-align: center;">\$ _____</td> </tr> <tr> <td><input checked="" type="checkbox"/> Three months (7 CF 117(a)())</td> <td style="text-align: center;">\$1050</td> <td style="text-align: center;">\$525</td> <td style="text-align: center;">\$ <u>525.00</u></td> </tr> <tr> <td><input type="checkbox"/> Four months (7 CF 117(a)())</td> <td style="text-align: center;">\$1 0</td> <td style="text-align: center;">\$ 20</td> <td style="text-align: center;">\$ _____</td> </tr> <tr> <td><input type="checkbox"/> Five months (7 CF 117(a)(5))</td> <td style="text-align: center;">\$22 0</td> <td style="text-align: center;">\$1115</td> <td style="text-align: center;">\$ _____</td> </tr> </table>		<u>Fee</u>	<u>Small Entity Fee</u>		<input type="checkbox"/> One month (7 CF 117(a)(1))	\$120	\$ 0	\$ _____	<input type="checkbox"/> Two months (7 CF 117(a)(2))	\$ 0	\$2 0	\$ _____	<input checked="" type="checkbox"/> Three months (7 CF 117(a)())	\$1050	\$525	\$ <u>525.00</u>	<input type="checkbox"/> Four months (7 CF 117(a)())	\$1 0	\$ 20	\$ _____	<input type="checkbox"/> Five months (7 CF 117(a)(5))	\$22 0	\$1115	\$ _____
	<u>Fee</u>	<u>Small Entity Fee</u>																							
<input type="checkbox"/> One month (7 CF 117(a)(1))	\$120	\$ 0	\$ _____																						
<input type="checkbox"/> Two months (7 CF 117(a)(2))	\$ 0	\$2 0	\$ _____																						
<input checked="" type="checkbox"/> Three months (7 CF 117(a)())	\$1050	\$525	\$ <u>525.00</u>																						
<input type="checkbox"/> Four months (7 CF 117(a)())	\$1 0	\$ 20	\$ _____																						
<input type="checkbox"/> Five months (7 CF 117(a)(5))	\$22 0	\$1115	\$ _____																						
<input checked="" type="checkbox"/> Applicant claims small entity status See 7 CF 127																									
<input type="checkbox"/> A chec in the amount of the fee is enclosed																									
<input type="checkbox"/> Payment by credit card Form PTO-20 is attached																									
<input type="checkbox"/> The Director has already been authori ed to charge fees in this application to a Deposit Account																									
<input checked="" type="checkbox"/> The Director is hereby authori ed to charge any fees which may be re uired or credit any overpayment to Deposit Account Number <u>02-4377</u> I have enclosed a duplicate copy of this sheet																									
r m a t i t i s r m m a e m e l i C r e i t a r i r m a t i s l t e i l e t i s r m r i e r e i t a r i r m a t i a a t r i a t i																									
I am the <input type="checkbox"/> applicant inventor																									
<input type="checkbox"/> assignee of record of the entire interest See 7 CF 71 Statement under 7 CF 7 (b) is enclosed (Form PTO SB)																									
<input checked="" type="checkbox"/> attorney or agent of record egistration Number <u>51,723</u>																									
<input type="checkbox"/> attorney or agent under 7 CF 1 egistration number if acting under 7 CF 1 _____																									
 _____ Signature		<u>06/13/2008</u> Date																							
<u>Kimberley A. Gavin</u> Typed or printed name		<u>212-408-2500</u> Telephone Number																							

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are re uired Submit multiple forms if more than one signature is re uired see below

☐ Total of _____ forms are submitted.

This collection of information is required by 7 CFR 1.111 (a). The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 5 USC 122 and 7 CFR 1.111 and 1.11. This collection is estimated to take 5 minutes to complete including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 150, Alexandria, VA 22314-0150. DO NOT SEND FEES OR COMPLETED

FO STOT IS ADD ESS E C mmissi er r ate s x lexa ria

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.